

importance, no tool currently exists for the early detection of DRPs at the time of hospital admission for elective surgery. The development of an easy-to-use, predictive tool for DRP risk could significantly improve patient safety during the perioperative period. Purpose

The aim of this study was to develop and validate mediPORT that calculates the likelihood of DRPs in patients upon admission, using routinely available clinical data.

Method/Study Design: A case-control study was conducted with elective surgery patients (≥ 18 years) admitted to the pre-anesthesia clinic of the University Hospital Salzburg, all of whom underwent a medication review by pharmacists. A multivariable logistic regression model with backward stepwise selection was used to identify key predictors of DRPs. The model's performance was evaluated by the area under the receiver operating characteristic curve (AUC), and internal validation was carried out using 10-fold cross-validation.

Findings: The target population was 11,176 patients. A total of 1,500 patients were randomly selected, with 284 cases experiencing at least one DRP and 980 controls without DRPs included in the final analysis. The five-variable model included age, the number of medications at admission, body mass index (BMI), sex, and renal function, all of which were identified as key predictors of DRPs. A simpler two-variable model, consisting of age and number of medications at admission, also demonstrated strong predictive accuracy. The AUC for the five-variable model was 0.856 (SD 0.040), and for the two-variable model, 0.847 (SD 0.043). Sensitivity and specificity for the five-variable model were 77.6% and 76.5%, respectively, and for the two-variable model, 81.3% and 75%.

Conclusion: mediPORT is a simple, effective tool for predicting DRPs in pre-operative patients, providing a quick and easy method for identifying patients at high risk for DRPs. The tool's strong performance in internal validation suggests its potential for use in clinical practice, where rapid identification of high-risk patients can enhance patient safety. Building on this, an external validation study is planned to assess mediPORT across both inpatient and outpatient settings in Austria. This upcoming multicenter validation will further refine the tool and could meaningfully improve patient safety by reducing the occurrence of DRPs nationwide.

<https://doi.org/10.1016/j.sapharm.2025.02.039>

Development of an interprofessional healthcare service for chronic hypertension management: A qualitative study involving patients, general practitioners and pharmacists

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Background: In Switzerland, 22% of men and 17% of women are diagnosed with hypertension. Additionally, it has been shown that over 60% of patients have uncontrolled blood pressure. In other countries, interprofessional services involving various healthcare professionals (HCPs), such as pharmacists, general practitioners (GPs), and other specialists, have been implemented to co-support patients in the management of chronic hypertension. These services have shown a positive impact on the health of patients diagnosed with hypertension. In Switzerland, there is no specific national interprofessional care management for these patients.

Purpose: The aim of this study was to develop the framework of a new interprofessional service for chronic hypertension management using participatory methods involving patients, pharmacists and GPs.

Method: Six patients diagnosed with hypertension participated in a focus group. In addition, semi-structured interviews were organized for six pharmacists and six GPs. Patients and HCPs shared how they currently manage hypertension, their thoughts on how communication should occur, and their vision for a new interprofessional service for managing hypertension. The interviews were audio-

recorded and subsequently transcribed anonymously. Data analysis was conducted using MAXQDA® software (version 24.2.0) and followed a systematic approach based on the step-by-step procedure of thematic analysis by Naeem et al.

Results: Currently, most patients are diagnosed and followed up at GP practices, while receiving medication from pharmacies. For patients, important aspects of a new interprofessional service were a consultation room to conduct services, efficient communication between HCPs and the reimbursement carried out through health insurances. Almost all pharmacists and GPs recognized the benefits of co-care management in enhancing patient care, reducing costs, and relieving patient burdens. However, this kind of collaboration seemed complicated in some parts of Switzerland, where GPs can dispense medication in their medical practice. For the HCPs interviewed, clear role definition and efficient communication between each other are essential to create an effective co-care service. Most of the HCPs would prefer an online communication tool. Some of them also felt that it would be beneficial if pharmacists could have more responsibilities in terms of medication change e.g. for the purpose of blood pressure targets.

Conclusion: Pharmacists and GPs are interested in sharing the care of chronic hypertensive patients and patients would be wanting to benefit from it. Further research with more HCPs and patients is needed, to co-develop a realistic and useful service to improve the care of the patients with hypertension.

<https://doi.org/10.1016/j.sapharm.2025.02.038>

Changes in Inhalation Therapy in Patients with Lung Cancer –a Retrospective Cohort Study

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Background: The symptoms of lung cancer and COPD are often overlapping. Moreover, both diseases are highly associated with a smoking history. Thus, inhalation therapy for obstructive lung diseases may often be initiated or modified prior to an initial lung cancer diagnosis, possibly with no valid indication and contributing to additional adverse events (AEs).

Purpose: To describe the characteristics and changes in inhalation therapy in patients with non-small-cell lung cancer (NSCLC) before, at and after its initial diagnosis.

Method: A retrospective observational cohort study in patients with NSCLC, treated at the University Clinic Golnik, Slovenia, a referral centre for diagnosis and treatment of pulmonary disease, was conducted. Patient information and other medical data were collected by reviewing patient medical records. At the study centre, data on cancer treatment, concomitant medications and AEs during cancer treatment are collected prospectively and using pre-specified proformas.

Findings: From the 298 reviewed NSCLC patients, 80 (27%) had an inhalation therapy changed up to 6 months prior to NSCLC diagnosis, with 62 patients (21%) being prescribed an inhalation therapy for the first time ever. Of the 80 patients with a change in inhalation therapy, the majority (74; 93%) reported respiratory symptoms at the time of NSCLC diagnosis. The indication for inhalation therapy was COPD (48/80; 60%), asthma (7/80; 9%) or both (8/80; 10%), while as much as a fifth of patients (17/80; 21%) had no valid indication. Prior to NSCLC diagnosis, patients had prescribed a median of 3 inhalation agents (IQR: 2–4), with short-acting bronchodilators (SABA/SAMA) being prescribed most often (69/80; 86%) and inhalation corticosteroids (ICS) being prescribed in 39% (31/80) of patients. Patients often discontinued inhalation therapy over time, with only 55/80 (69%) and 40/72 (56%) taking inhalation medications at the start and six months after cancer treatment initiation, respectively. Oral candidiasis occurred more often in patients with vs without ICS (16/31; 52% vs 14/49; 29%; χ^2 , $p=0.038$) but not pneumonia (13/31; 42% vs 14/49; 29%; χ^2 , $p>0.05$).

Conclusion: Inhalation therapy is initiated or changed in a quarter of patients